

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

**10/551158**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9		8				
10		8				
11		8				
12		8				
13		8				
14		2				
15		2				
16		3				
17		3				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		2				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		4				
39		4				
40		4				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47		4				
48		4				
49	1		1			
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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67						
68						
69						
70						
71		1		1		1
72		1		1		1
73						
74		1		1		1
75		2		2		2
76		2		2		2
77		2		2		2
78		2		2		2
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		2	↓	4
TOTAL DEP.		←		67	←	72
TOTAL CLAIMS				69		76

PTO - 1368 (REV. 11/84)

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